(If executed by a corporation, affix corporate seal) STATE OF OREGON, County, of April 37. 1984 Personally appeared the above named ... IMOGENE. SCHMITT power of attorney for BEA G. LUPER ge me: USta X. (OFFICIAL / SEAL) Notary Public for Oregon My commission expires: ///6/87

Bea G. Luper GRANTOR'S NAME AND ADDRESS Ernest and Mildred Imogene Schmidt SAME AS GRANTEE NAME, ADDRESS, ZIP age is requested all tax statements shall be sent to the following address. SAME AS GRANTEE NAME, ADDRESS, ZIP

My commission expires: STATE OF OREGON, County of I certify that the within instrument was received for record on the at...... o'clock.....M., and recorded SPACE RESERVED in book or as FOR file/reel_number____ RECORDER'S USE Record of Deeds of said county. Witness my hand and seal of County affixed. Recording Officer ByDeputy